

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10815393**

FILING DATE **4-1-04**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
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50						
TOTAL IND.	4					
TOTAL DEP.	10					
TOTAL CLAIMS	14					

	CHD	DEP	CHD	DEP	CHD	DEP
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52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						